

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use OnlySCO-PERSONNEL
HUMAN RESOURCES

COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
LOMBARD	JAMES	DEAN	

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

STATE CONTROLLER'S OFFICE

Division, Board, Department, District, if applicable

EXECUTIVE OFFICE

Your Position

CHIEF ADMINISTRATIVE OFFICER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ____/____/____, through December 31, 2013.

☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2013, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☒ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
300 Capitol Mall, Suite 1850		Sacramento	CA	95814

DAYTIME TELEPHONE NUMBER

(916) 327-8299

E-MAIL ADDRESS (OPTIONAL)

JLombard@sco.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/26/2014

(month, day, year)

Signature

(printing official)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

James Dean Lombard

▶ NAME OF BUSINESS ENTITY

CVB Financial Corp.

GENERAL DESCRIPTION OF THIS BUSINESS

Chino Valley Bank

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

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IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
 ACQUIRED DISPOSED

Comments:

MULTIPLE POSITIONS

Agency : Department of Finance

Position : FI\$Cal Steering Committee Member

Agency : State Public Works Board

Position : Member representing Controller